

PART B—ISSUE FEE TRANSFER

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate "FEE/ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS

LOEB & LOEB LLP
10100 SANTA MONICA BLVD., 22ND FLOOR
LOS ANGELES CA 90067-4164

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

08/208,636

03/09/94

055

MENDEZ, M

3306

04/02/96

First Named
Applicant

CASTELLANO,

THOMAS P.

TITLE OF
INVENTION

PEN-TYPE INJECTOR WITH A MICROPROCESSOR AND BLOOD CHARACTERISTIC
MONITOR

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

3

3322

604-065.000

V57

UTILITY

YES

\$625.00

07/02/96

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Loeb & Loeb LLP

2

3

DO NOT USE THIS SPACE

050 BL 04/17/96 08208636

030 BL 04/17/96 08208636

1 561

30.00 CK

1 142

1,250.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Visionary Medical Products, Inc.

(2) ADDRESS: (CITY & STATE OR COUNTY)

Los Angeles, CA

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

Delaware

6a. The following fees are enclosed:

☒ Issue Fee ☒ Advanced Order - # of Copies 10

(Minimum of 10)

6b. The following fees should be changed to:

DEPOSIT ACCOUNT NUMBER 12-1820

(ENCLOSED PART C)

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☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

Paul H. Kovelman, Reg. 35,228

(Date)

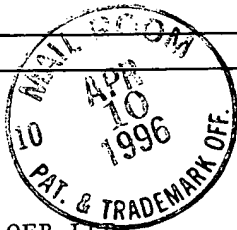
4/5/96

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PART C—CHARGE TO DEPOSIT ACCOUNT

1. CORRESPONDENCE ADDRESS



33M1/0402

LOEB & LOEB LLP
10100 SANTA MONICA BLVD., 22ND FLOOR
LOS ANGELES, CA. 90067-4164

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/208,636	03/09/94	055	MENDEZ, M 3306	04/02/96
First Named Applicant CASTELLANO, THOMAS P.				

TITLE OF INVENTION PEN-TYPE INJECTOR WITH A MICROPROCESSOR AND BLOOD CHARACTERISTIC MONITOR

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	3322	604-065.000	V57	UTILITY	YES	\$625.00	07/02/96

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☒ Any Deficiencies in Enclosed Fees ⁴

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Paul H. Kovelman, Reg. 35,228 4/5/96

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